

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)**

SERIAL NO. **097850096** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1								61			
2		1							62			
3		12							63			
4		1							64			
5		1							65			
6		1							66			
7		1							67			
8		1							68			
9		1							69			
10		1							70			
11		1							71			
12		1							72			
13		1							73			
14		1							74			
15		1							75			
16		1							76			
17	1								77			
18		1							78			
19	1								79			
20									80			
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40									100			
41												
42												
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2											
TOTAL DEP.	16											
TOTAL CLAIMS	18											

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